

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10669578

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		7				
9	1					
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		7				
17	1					
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		7				
25	1					
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		7				
33	1					
34		1				
35		1				
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	54					
TOTAL CLAIMS	59					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
52												
53												
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												